FORM D

03039185

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0

Expires: May 31, 2002

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RECEIVED

FORM D

NOTICE OF SALE OF SECURITIES 200 PURSUANT TO REGULATION 200

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 81

Prefix Serial

DATE RECEIVED

Name of Offering Series B Convert	(☐ check if this is an a	mendment and name h	as changed, and in	dicate ch	ange.)			
Filing Under (Chec	k box(es) that apply):	☐ Rule 504	Rule 505	\boxtimes	Rule 506	☐ Section	4(6)	☐ ULOE
Type of Filing:	New Filing							
		A.	BASIC IDENTIF	ICATIO	ON DATA			
1. Enter the inform	nation requested about the	issuer						
Name of Issuer Mimix Holdings,	•	imendment and name l	nas changed, and in	dicate cl	iange.)			
Address of Executi 10795 Rockley R		(Num Texas 77099	per and Street, City	, State, Z	(ip Code	Telephone Nu (281) 988-46	`	ing Area Code)
Address of Principa 10795 Rockley R	al Business Operations Load Houston	(Numi Texas 77099	per and Street, City	, State, Z	(ip Code)	Telephone Nu (281) 988-46	•	ing Area Code)
Brief Description o Design and man	f Business ufacture of microchips.							
Type of Business ○ ⊠ corporation		☐ limited partnersh	ip, already formed			other (pl	ease specify)	PROCESSED
business tn		limited partnersh	•					PROCESSED NOV 28 2003
	i Date of Incorporation or	J	Month 1 0			🛚 Actual	☐ Estima	THOMSON
Jurisdiction of Inco	rporation or Organization:	(Enter two-letter U.S. CN for Canada; FN						DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A RASIC ID	ENTIFICATION DA	\T \		
2. Enter the informatio	n requested for the fe		ENTIFICATION D	112		
Each promoter of the second to the seco	he issuer, if the issue	r has been organized within	the past five years;			
Each beneficial ow	ner having the powe	r to vote or dispose, or direc	t the vote or disposition	of, 10% or more of	f a class of equ	uity securities of the issuer;
Each executive offi	icer and director of c	orporate issuers and of corp	orate general and manag	ging partners of par	tnership issue	rs; and
Each general and n	nanaging partner of p	artnership issuers.				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive	Officer 🛛	Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)					· · · · · · · · · · · · · · · · · · ·
Lee, Charles Business or Residence Address	(Number and Stree	et, City, State, Zip Code)				
7210 Mallorca Crescent, Bo	ca Raton, Florida 3	33433				
Check Box(es) that Apply:		Beneficial Owner		Officer 🖾	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)					
Montgomery, William F., I					·	
Business or Residence Address	(Number and Street	et, City, State, Zip Code)		. —		
642 Voss Road, Houston, Te	xas 77024		·	. 		
Check Box(es) that Apply:		☐ Beneticial Owner	☐ Executive (Officer 🛛	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndiviđual)					
Epley, Arthur W.						
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)				
3636 Ella Lee Lane, Housto	n, Texas 77027					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive (Officer 🔯	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)					
Blanchard, P. Jeffery Business or Residence Address	(Number and Stree	et, City, State, Zip Code)				
750 E. Mulberry, Suite 305,	San Antonio, TX	/8212				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive	Officer [Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)					
Kovitz, Jeffery						
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				
P.O. Box 229, Friendswood	Tayas 77546					
Business or Residence Address	<u> </u>	t. City. State. Zin Code)				
Dustriess of Residence Address	(Hamber and Stree	i, city, state, zip code)				
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	- Executive (Officer [Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)					
First Capital Group of Tex	as III, L.P.	*				,
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)	·.			

750 East Mulberry, Suite 305, San Antonio, Texas 78212

			·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						
3i Technology Partners, I	С.Р.						
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)					
880 Winter Street, Suite 3	330, Waltham, Mass	sachusetts 02451					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						
Marko Maschek							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		 			-	· · · · · · · · · · · · · · · · · · ·
Carl Frampton				•			
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)					
10705 Packley Pand	Houston Tax	vas 77000					

Page 3 of 9

					B.	INFORM	1ATION	ABOUT	OFFERIN	G				
						II.VI OIVI	12 TOIN	ABOUT	<u>JI I LICII</u>					Yes No
1.	Has the issue	r sold, or d	oes the issue	er intend to	sell, to nor	n-accredited	l investors i	n this offer	ing?			••••••		🗆 🗖
2.													\$ 2,000	
	Does the offering permit joint ownership of a single unit?												Yes No	
3.			-	•	•									_
4.	Enter the intremuneration agent of a broto be listed at	for solicita oker or dea	ntion of pur ler registere	chasers in c d with the S	connection SEC and/or	with sales r with a sta	of securitie te or states,	s in the off list the nar	ering. If a	person to b oker or dea	e listed is a tler. If mot	in associate	d person o	r
Full	Name (Last na	ıme first, if	individual)						-					
Bus	iness or Reside	nce Addres	s (Number	and Street,	City State,	Zip Code)				 				
Nan	ne of Associate	d Broker or	Dealer							u				
Stat	es in Which Pe	rson Listed	Has Solicit	ed or Intend	ls to Solici	t Purchaser	s							
	(Check "A	ll States" o	r check indi	vidual State	es)									All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full	Name (Last na			[118]		[01]		[VA]	[WA]				1110	
Bus	iness or Reside	nce Addres	s (Number :	and Street, (City State,	Zip Code)								
Nan	ne of Associate	d Broker or	Dealer				· · · · ·		<i>y</i>			·		· · · · · · · · · · · · · · · · · · ·
State	es in Which Per	rson Listed	Has Solicit	ed or Intend	ls to Solici	t Purchaser:	5							
			r check indi		,								Ц	All States
	[AL] [IL] [MT] {RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] - [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full	Name (Last na	me first, if	individual)					·						
Busi	ness or Resider	nce Addres	s (Number a	and Street. (City State.	Zip Code)								
			(,									· .
Nan	ne of Associated	d Broker or	Dealer						· · · · · ·			· · · · · ·		
Civ	- 1- 337 1-1 P		II C 1'-'-	-d - 1 · ·		D	· 	·—·						
state	es in Which Per					: Purchasers	5							
		ll States" oi [AK]	check indi		·	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All States
	[AL] [IL] [MT] [RI]	[IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold 8,000,000 Common □ Preferred Convertible Securities (including warrants) \$______0 Partnership Interests \$ 0 8,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$ _ 8,000,000 Non-accredited Investors 8,000,000 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the 3. issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of offering Type of Security Sold Regulation A....._____ Total _______ 4 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs \boxtimes \$ 2,500 Legal Fees \boxtimes \$_70,000 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$_5,000

\$ 77,500

Other Expenses (identify) (office startup, organizational, travel, marketing).....

Total

and total expenses furnished	etween the aggregate offering price given in response to Par in response to Part C - Question 4.a. This difference is the	"adjusted gross		\$ <u>7,9</u>	222.500
of the purposes shown. If the	the adjusted gross proceeds to the issuer used or proposed to amount for any purpose is not known, furnish an estimate and otal of the payments listed must equal the adjusted gross procest Question 4.b above.	check the box to			
1			Payments Officer Directors, Affiliate	s, anđ	Payments to Others
Salaries and fees		🗵	\$ 1,000,000	<u> </u>	\$ 800,000
Purchase of real estate		[]		\$
Purchase, rental or leasing and	installation of machinery and equipment] \$		\$1,000,000_
Construction or leasing of plan	t buildings and facilities		\$		☑ \$ 170,000_
	(including the value of securities involved in this offering that a assets or securities of another issuer pursuant to a merger)] \$		\$
Repayment of indebtedness] \$		\$ 200,000_
Working capital] \$		
Other (specify)] \$		□ \$
Column Totals		×	\$,1,000,000		\$6,922,500_
Total Payments Listed (column	totals added) (1)		\$_	7,922,50	0
	D. FEDERAL SIGNATUI	RE			
	to be signed by the undersigned duly authorized person. If this to the U.S. Securities and Exchange Commission, upon writter ragraph (b)(2) of Rule 502.				
uer (Print or Type)	Signature		Date		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

November 17, 2003

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Title of Signer (Print or Type)

President

Mimix Holdings, Inc.

Name of Signer (Print or Type)

William F. Montgomery, III

		Yes	No
1. 2.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	☐ FR 239	⊠ .500) at
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offeree	s.	
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offe (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of estable conditions have been satisfied.		
The pers	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly and on.	authorize	ed
Issu	er (Print or Type) Signature Date		
M	imix Holdings, Inc. November 17, 2003		

Title (Print or Type)

President

E. STATE SIGNATURE

Instruction:

Name (Print or Type)

William F. Montgomery, III

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

· -				APF	PENDIX					
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Series B Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ									<u> </u>	
AR										
CA		X	All	1	\$30,700	0	0	-	X	
co										
СТ			·							
DE	<u></u>	<u> </u>			·					
DC										
FL		Х	All	11	\$21,357	0	\$0		x	
GA									<u> </u>	
HI										
ID										
IL.		1								
_IN	·									
IA										
KS	<u></u>									
KY	····									
LA				-						
МЕ	*. :									
MD										
MA		Х	All	2	\$2,050,000	0	\$0		X	
MI										
MN		_								
MS								-		
МО						<u> </u>				
МТ	·	<u></u>								
ŊE			·					·····		
NV		 	·							
NH		·			<u> </u>					

				APF	ENDIX					
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	-	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	Yes No	Series B Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NJ										
NM						· · · · · · · · · · · · · · · · · · ·				
NY										
NC				ļ						
ND					-					
он	<u> </u>	<u> </u>	All	1	\$100,000	0	0		X	
ок				[
OR			<u> </u>						<u> </u>	
PA										
RI				 					-	
SC										
SD									<u> </u>	
TN						· · · · · · · · · · · · · · · · · · ·				
TX		X	All	14	\$5,797,943	0	\$0		X	
UT		,								
VT						. <u> </u>				
VA						······································				
WA WV				<u> </u>						
WI				-						
WY										
PR										